

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number Q77806
<b>FY 2009</b>		Confirmation Number 9323
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number	10/573,495	
Filing Date	March 24, 2006	
For	PRODUCTION METHOD OF A CAPACITOR	
Art Unit	2813 Examiner Name Latanya N CRAWFORD	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<b>Fee</b>	<b>Small Entity Fee</b>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150.00	\$75.00
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$560.00	\$280.00
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1270.00	\$635.00
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1980.00	\$990.00
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2690.00	\$1345.00
<input type="checkbox"/> Previous Payment Amount	Date Submitted	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.		
I am the	<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,276</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
	WASHINGTON OFFICE <b>23373</b> CUSTOMER NUMBER	
	November 21, 2011	
Signature Abraham J. Rosner	Date (202) 293-7060	
Typed or printed name	Telephone Number	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.		